

CLAIMS ONLY

Application Number
101710723

Filing Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
29		/					79					
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31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep	2						Total Indep					
Total Depend	10						Total Depend					
Total Claims	12						Total Claims					